O Gayerol GHOHALO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re US Patent Application of

Thomas W. Astle

Serial No. 09/198,018

Filed: November 23, 1998

Title: ULTRA HIGH THROUGHPUT BIOASSAY)

SCREENING SYSTEM

) Date: October 12, 2000.

) Art Unit: 1743

) Examiner: P. Bex

Assistant Commissioner for Patents

Washington DC 20231

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AMENDMENT

Dear Sir:

This is in response to the Office Action mailed July 12, 2000, and having a shortened statutory period for response set to expire October 12, 2000.

Please amend the above-identified application as follows:

IN THE SPECIFICATION:

At page 1, lines 7 and 8, please cancel each occurrence of "06" and insert therefor

At page 14, line 14, please cancel the first occurrence of "-4" and insert therefor ---+4---, and cancel the second occurrence of "-4" and insert therefor ---+40---.

At page 16, line 19, please cancel Continuing to refer to Figure 9" and insert therefor --- Referring back to Figure 8---

Approved for use through 09/30/2000. OMB 0651-0032 Sent and Trademark Office: U.S. DEPARTMENT OF COMMERCE ection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required respond to

Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

WARNING:

(\$) 9.00

Complete if Known										
Application Number	09/198,018									
Filing Date	November 23, 1998									
First Named Inventor	Thomas W. Astle									
Examiner Name	P. Bex									
Group / Art Unit	1743									
Attorney Docket No.										

	METHO	D OF PAYMENT	(check one)	FEE CALCULATION (continued)								
	The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:				3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Paid							
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	Independent Claims	3** = X [122	130	122	130	Petitions to the C	ommissioner			
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	**or number previously paid, if greater; For Reissues, see below			126	240	126	240	Submission of Inf	ormation Dis	closure Stmt		
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	SUBMITTED BY Complete (if applicable)											
	Name (Print/Type)	John H. Cr	ozier,	.	Regista (Attorne			30,371	Telephone	(203) 3	75-9118_	
	Signature Date October 12, 200											

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